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|--|--|---|----------------------|----|--|--|-----|---|-----|--|--|-----|---|-----|--|---|-----|--|-----|---|---|-----|---|-----|--|--|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. A8319.0027/P027 First Inventor Yuuichirou Ueno Title RADIOLOGICAL IMAGING APPARATUS Express Mail Label No. | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 69] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets 10] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">9.</td> <td><input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> Power of Attorney </td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document (<i>if applicable</i>)</td> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> Copies of IDS Citations </td> </tr> <tr> <td>12.</td> <td><input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> </tr> <tr> <td>13.</td> <td><input type="checkbox"/> Preliminary Amendment</td> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> </td> </tr> <tr> <td>14.</td> <td><input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).</td> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> </td> </tr> <tr> <td>16.</td> <td><input type="checkbox"/> Other: Claim for Priority</td> </tr> <tr> <td>17.</td> <td colspan="2"></td> </tr> </table> | | | | 9. | <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | <input type="checkbox"/> Power of Attorney | 10. | <input type="checkbox"/> 37 CFR 3.73(b) Statement | 11. | <input type="checkbox"/> English Translation Document (<i>if applicable</i>) | <input type="checkbox"/> Copies of IDS Citations | 12. | <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | 13. | <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> | 14. | <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | 15. | <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). | <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> | 16. | <input type="checkbox"/> Other: Claim for Priority | 17. | | |
| 9. | <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | <input type="checkbox"/> Power of Attorney | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | <input type="checkbox"/> 37 CFR 3.73(b) Statement | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | <input type="checkbox"/> English Translation Document (<i>if applicable</i>) | <input type="checkbox"/> Copies of IDS Citations | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). | <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | <input type="checkbox"/> Other: Claim for Priority | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior application information: Examiner _____ Art Unit: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. CORRESPONDENCE ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Customer Number: 24998 | | <input checked="" type="checkbox"/> Correspondence address below | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: 2101 L Street NW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: Washington | | State: DC | Zip Code: 20037-1526 | | | | | | | | | | | | | | | | | | | | | | | |
| Country: US | | Telephone: (202) 785-9700 | Fax: (202) 887-0689 | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type): Mark J. Thronson | | Registration No. (Attorney/Agent): 33,082 | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  | | Date: October 21, 2003 | | | | | | | | | | | | | | | | | | | | | | | | |

U.S.PTO
07688977

102103

102103

15915 U.S.PTO

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **(\$)** 946.00**Complete if Known**

| | |
|----------------------|-----------------------|
| Application Number | N/A |
| Filing Date | Concurrently Herewith |
| First Named Inventor | Yuuichirou Ueno |
| Examiner Name | Not Yet Assigned |
| Art Unit | N/A |
| Attorney Docket No. | A8319.0027/P027 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **04-1073**
 Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 1053 | 130 | 1053 | 130 |
| 1812 | 2,520 | 1812 | 2,520 |
| 1804 | 920* | 1804 | 920* |
| 1805 | 1,840* | 1805 | 1,840* |
| 1251 | 110 | 2251 | 55 |
| 1252 | 420 | 2252 | 210 |
| 1253 | 950 | 2253 | 475 |
| 1254 | 1,480 | 2254 | 740 |
| 1255 | 2,010 | 2255 | 1,005 |
| 1401 | 330 | 2401 | 165 |
| 1402 | 330 | 2402 | 165 |
| 1403 | 290 | 2403 | 145 |
| 1451 | 1,510 | 1451 | 1,510 |
| 1452 | 110 | 2452 | 55 |
| 1453 | 1,330 | 2453 | 665 |
| 1501 | 1,330 | 2501 | 665 |
| 1502 | 480 | 2502 | 240 |
| 1503 | 640 | 2503 | 320 |
| 1460 | 130 | 1460 | 130 |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 8021 | 40 | 8021 | 40 |
| 1809 | 770 | 2809 | 385 |
| 1810 | 770 | 2810 | 385 |
| 1801 | 770 | 2801 | 385 |
| 1802 | 900 | 1802 | 900 |
| Other fee (specify) _____ | | | |

FEE CALCULATION**1. BASIC FILING FEE****Large Entity** **Small Entity**

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|--------------------------|----------|----------|----------|------------------------|----------|
| 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | | | 770.00 |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

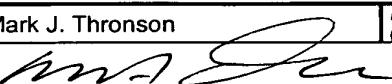
| Extra Claims | Fee from below | Fee Paid |
|-----------------------------|----------------|--------------------------|
| Total Claims 25 | -20** = | 5 x 18.00 = 90.00 |
| Independent Claims 4 | -3** = | 1 x 86.00 = 86.00 |
| Multiple Dependent | | |

Large Entity **Small Entity**

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|--------------------------|----------|----------|----------|--|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$) | | | | 176.00 |

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** 0.00

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|---|-----------------------------------|------------------|
| Name (Print/Type) | Mark J. Thronson | Registration No. (Attorney/Agent) | 33,082 |
| Signature |  | Telephone | (202) 775-4742 |
| | | Date | October 21, 2003 |